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ABSTRACT

Noting that increasing numbers of infants and toddlers and their working parents face a range of early care and development needs, this paper suggests that by establishing high quality child care and family support services, state legislatures can help families and caregivers nurture the development of infants while helping parents manage work. The paper describes how state policymakers are promoting key components of a birth to age 3 system by: (1) promoting health and safety in child care through regulatory improvements, health consultation, and inclusion of children with special needs; (2) funding programs such as Early Head Start; (3) increasing training and compensation for child care providers; and (4) supporting parental involvement in a young child's life through parent education and family leave policies. Finally, the paper maintains that these policy efforts recognize that investing in good early services for these children can lead to school success and other positive outcomes later in life. The paper concludes with a list of organizational resources. (Contains 25 endnotes.) (KB)

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Joan Lombardi and Julie Poppe

National Conference of State Legislatures

October 2001

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ANALYSIS OF STATE ACTIONS ON IMPORTANT ISSUES

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Investing in Better Care for Infants and Toddlers: The Next Frontier for School Readiness

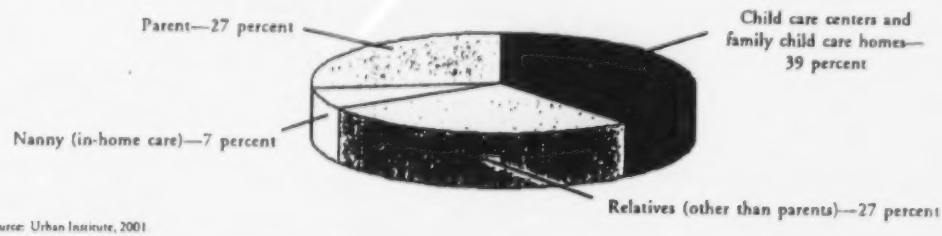
By Joan Lombardi, *Director of the Children's Project,* and Julie Poppe, *NCSL Policy Associate*

The growing number of women in the labor force with children under age 3 has been one of the most significant social changes of the past few decades. Increasingly, very young children are spending part of their day in settings outside of their own home. In 2000, 61 percent of mothers with children under age 3 were in the workforce.[1] Of the 11 million infants and toddlers in the United States, nearly 5 million will spend time each week in the care of someone other than their parents.[2] For the very youngest children in the country, a record number of new mothers are in the labor force. According to the U.S. Census Bureau, of the 3.7 million women with infants under the age of 1 in 1998, 59 percent were in the labor force, almost double the 31 percent rate of 1976.[3]

Supporting Early Learning

According to the Urban Institute's National Survey of America's Families, almost three quarters of the children under age 3 are cared for by someone other than a parent while their mother is working (see figure 1). The Urban Institute also found that infants and toddlers of working mothers spend, on average, 25 hours per week with non-parental providers. However, about two out of five of the children under age 3 are in care full time.[4] About a third of children under age 3 in child care are in more than one arrangement.[5]

Figure 1. Caregivers for Children Under Age 3 Whose Mothers Are Working


Parent—27 percent
Child care centers and family child care homes—39 percent
Nanny (in-home care)—7 percent
Relatives (other than parents)—27 percent

Source: Urban Institute, 2001

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The landmark report by the National Research Council and Institute of Medicine, *From Neurons to Neighborhoods*, an exhaustive study of the science of early childhood development by some of the most distinguished scientists in the country, concluded that "second only to the immediate family, child care is the context in which early development unfolds, starting in infancy and continuing through school entry for the vast majority of young children in the United States." The report further points out that research has confirmed that "the effects of child care derive not from its use or nonuse, but from the quality of the experiences it provides to young children."[6]

Less than a decade ago, the Carnegie Corporation of New York issued a landmark report, *Starting Points: Meeting the Needs of Our Youngest Children*, which brought the importance of the earliest years of life to the public's attention. The report included several key findings that helped inform the nation's efforts to provide very young children with a healthy start. The report highlighted that early brain development is more rapid and extensive than was previously believed and that early environments have an influence on brain development. The report called for new efforts to improve the quality of child care, promote parent education and support and ensure good health and protection for infants and toddlers.[7]

The new Packard report, *Caring for Infants and Toddlers*, recommends that government policies should ensure that all families have supports for child rearing during the first years of life, including leave for parents who choose to be home and access to good child care that is safe, affordable and appropriate to the child and family.

More recently, The David and Lucile Packard Foundation released a report in September that once again points out the importance of the early years. The report discusses the dramatic physical, cognitive, social and emotional development that takes place during the first three years, describing how development is shaped by children's early relationships with their parents and other caregivers. The report analyzes the role of child care in the lives of families with young children, public attitudes about early caring, and the need for expanded family leave and other policies that would support healthy development.[8]

New Opportunities to Improve Services

As the country moves forward in its efforts to promote school readiness, improving the quality of infant and toddler care becomes an important first step in the early education continuum. The time that young children spend in child care provides an important opportunity to promote child development and reach parents with information and sup-

port. Last fall, Congress passed important new funding for early childhood services including the following:

- An $817 million increase in the Child Care and Development Fund, including a $100 million set-aside to improve infant and toddler care.
- A $933 million expansion of Head Start, which will include a significant expansion of Early Head Start.
- The establishment of the Early Childhood Opportunities Act, to improve and expand services for very young children through age 5 (funded at $20 million in the first year).

These new funding increases, along with opportunities for transferring TANF funds into child care, and increased interest in family leave for the first year of a baby's life, provide important opportunities for states to improve and expand supports for families with children under age 3. This policy brief describes a range of state activities going on across the country that state legislators can consider to improve the quality of services for our youngest children.

State spending for child development and family support programs targeting infants and toddlers has more than doubled since 1998.

State Actions

State policymakers are recognizing the importance of a good start for very young children and the long-term value of focusing on programs early in a child's life. According to the most recent edition of *Map and Track: State Initiatives for Young Children and Families*, state spending for child development and family support programs targeting infants and toddlers has more than doubled since 1998. The report notes, however, funding for this youngest age group still lags far behind investments in older children. Some states are focusing on children under age 3 when funding their school readiness or early learning initiatives. As reflected by a variety of recent state enactments and policy initiatives, a growing state legislative awareness of the early years is emerging. Since infants and toddlers need comprehensive supports, the following discussion focuses on:

- Ensuring safe and healthy care for infants and toddlers,
- Improving the supply of quality infant and toddler care, and
- Supporting families with very young children.

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Ensuring Safe and Healthy Care

Regulatory Improvements

A national study of center-based infant and toddler care found that more than half the infants and toddlers were in poor quality centers and some 40 percent of the care provided was of such poor quality that it jeopardized children's health, safety and development.[9] Child to adult ratios, group size and staff training have all been found to affect the quality of child care, yet many states have standards below recommended levels. For example, more than half the states have no pre-service training requirements for staff that care for a group of children in centers or in family child care. To assist states in improving child care licensing standards, the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services (HHS) funded the development of the *National Health and Safety Performance Standards.* States can use this document to review and improve their licensing standards in several critical areas, including infant and toddler care. In addition, the bureau developed a companion document, *Stepping Stones to Caring for Our Children,* which describes key steps that states can take to help protect children from harm.

Some states have strengthened their child care regulations to require lower child-to-staff ratios.

Recognizing the need for higher quality, some states have strengthened their regulations to require lower ratios. For example, in 1991, Florida legislators changed their regulations to provide better child-to-staff ratios for infant and toddler care. A study of the impact of the law showed benefits, including better child intellectual and emotional development and more teacher sensitivity toward the children in their care.[10] In 2000, Tennessee legislators authorized rules to lower home- and center-based child-to-provider ratios for infants and toddlers. Two state legislatures—New York and Utah—in the last few years also approved lowering infant and toddler ratios for regulated family child care providers and group homes.[11] Several other states in recent years have increased the number of licensors in order to improve enforcement and monitoring.

Health Consultation

An increasing number of states are turning to health consultants to help promote health and safety in child care, and some of these states emphasize infant and toddler care as part of their health consultation programs. Health consultants from public health or child care resource and referral agencies can provide a range of services including on-site training and technical assistance. In addition, some states have set up health hotlines for providers and parents. To help train health consultants, the U.S. Maternal and Child Health Bureau

funded the National Institute Training Institute for Child Care Health Consultants. As of March 2001, 39 states had participated in the training.[12] North Carolina combines child care and maternal and child health funds to improve health and safety for infant and toddler care by hiring health consultants throughout the state, providing grants for health and safety improvements and Web-based training and health consultation resources.[13] Washington state provides a network of more than 90 health consultants who work with child care providers across the state. This is a key activity to improving infant and toddler care.

Inclusion of Children with Special Needs

Across the country there is a shortage of child care for children with special needs, including infants and toddlers. The Americans with Disabilities Act requires both family child care providers and child care centers to make reasonable accommodations to serve children with disabilities and other special needs. Yet there continues to be a need for additional supports, such as training and consultation for child care providers to be able to help screen very young children and provide both prevention and intervention services.

Across the country there is a shortage of child care for children—including infants and toddlers—with special needs.

Several states have taken important steps to include children with special needs, including increasing reimbursement rates, providing disability coordinators in resource and referral agencies, and providing special funding for equipment to meet licensing standards. In 2000, Illinois legislators established a law that specifies that infants and toddlers with disabilities have a right to early intervention services in environments in which children without disabilities would participate. According to a review of the state's Child Care and Development Fund (CCDF) plan, Hawaii provides statewide services for the full inclusion of infants and toddlers with special needs into typical child care settings.[14] Washington, D.C., provided funds to train family child care providers to work with infants and children with disabilities.[15]

Improving Quality and Supply

Early Head Start

Created in 1995, the federal Early Head Start Program, currently funded at $558 million, provides comprehensive services including health, education, and family support services through home-based and center-based programs to poor families with infants and toddlers. A recent study found that, after a year, children enrolled in Early Head Start measured

better in cognitive and socio-emotional development and language skills compared with children who did not participate in the program. Since its inception, Early Head Start has grown nationally to more than 600 community-based programs serving 45,000 children, and new programs will be added this year through increased funding.[16]

States have begun to invest in Early Head Start expansion.

As with the Head Start preschool program, states have begun to invest in Early Head Start expansion. According to the National Center for Children in Poverty, six states use either state dollars or federal welfare funds to supplement Early Head Start, including Kansas, Missouri, North Dakota, North Carolina, Minnesota and Oklahoma. The Kansas Legislature and the Missouri General Assembly each invested $5 million in Early Head Start[17]. In addition, the Children's Defense Fund reports that Nevada provided "wrap-around" funds to all Early Head Start programs to extend the hours of care in a day and New Mexico established contracts to expand Early Head Start.[18]

Early Head Start Findings

Findings from the preliminary Early Head Start evaluation of 2-year-old children showed that children and families benefit from involvement with the federal Early Head Start program. Positive effects included stronger cognitive, language and social-emotional skills among children who participated compared with those who did not participate. Other highlights of the research findings include:

- Only one-third of Early Head Start children were found to be at risk of slower developmental learning compared with 40 percent of the non-Early Head Start children.
- Parents in Early Head Start demonstrated more positive parenting behavior and provided more help for their children to learn at home.
- Toddlers scored higher on standardized tests of early development, which included reports of larger vocabulary and the ability to speak in more complex sentences.

The evaluation studied approximately 3,000 children and families in 17 sites across the country during the first two years of the children's lives. The final report following children through age 3 will be out next year.

Source: "Building Their Futures: How Early Head Start Programs Are Enhancing the Lives of Infants and Toddlers in Low-Income Families. Summary Report" (January 2001), prepared by the Mathematica Policy Research Inc. and Columbia University's Center for Children and Families, in collaboration with the Early Head Start Research Consortium.

Provider Training and Support

According to a wide body of research, the relationship of infants and toddlers with their providers is one of the most important ingredients in the quality of care. Good training and appropriate compensation for infant and toddler providers are needed to strengthening these relationships. The federal Child Care and Development Block Grant to states has helped states train providers. Innovative state initiatives have emerged among centers, family child care and relative and "kith and kin" (friends and relatives) providers.

Georgia funds a statewide infant and toddler initiative to provide training, technical assistance and quality improvement grants to child care centers and homes. Kansas provides specialized infant and toddler training to a network of specialists in the state's resource and referral agencies. Delaware developed a community-based college course that gives credits to infant and toddler providers. New Hampshire offered a free infant/toddler graduate level course to child care providers who increase infant and toddler care. Participants received a mini-grant to assist with the expansion. Wisconsin established an infant/toddler credential and Wyoming established a special credential for infant program directors.[19]

A 1998 Rhode Island law required that appropriations for training activities include specialized training in infant and toddler care. Oregon legislators recently enacted a law that established a statewide child care provider training program to educate child care providers about the importance of healthy brain development in the first three years of life and identify potential risk factors in young children. Montana offers specialized infant and toddler care training to child care providers and links it to higher compensation.[20]

Raising Reimbursement Rates

Investing directly into programs is an important step to improving quality by providing parents with more choices. Since it is more costly to care for infants and toddlers, providers need additional support to meet expenses. Some states are providing increased reimbursement rates to expand the supply of quality care available specifically for infants and toddlers. Using this strategy, states pay higher rates to providers who serve infants and toddlers from low-income families, complete additional or specialized training, education, certification, or accreditation in infant and toddler child care, or meet lower staff-child ratios for infants and toddlers. Oklahoma legislators enacted a law that requires state agencies to evaluate and increase the child care reimbursement rate for providers who serve infants and toddlers. Maine lawmakers approved legislation to promote the availability of infant and toddler child care by using tobacco settlement funds and offering providers incentives, including higher reimbursement rates. Two other states—Missouri and Washington—used TANF funds to raise these provider reimbursement rates and to promote infant and toddler care accessibility.[21]

Investing directly into programs is an important step to improve quality by providing parents with more choices.

Supporting Families

Parent Education

Several state legislatures have focused on the importance of good parenting to enhance child development, specifically offering education or training to parents with very young children. Many states have home visiting programs for families with newborns, often targeting first time parents, providing ongoing support for families with high-risk infants and toddlers, and providing support for teen parents. Other states are working to raise public awareness about the importance of the earliest years and provide parent education through child care.

Several state legislatures have offered education or training to parents with very young children.

Minnesota's Healthy Beginnings Home Visiting Program offers expectant and new parents information on parenting, infant growth and development, and health and safety. Ohio's state legislature uses TANF dollars to supplement Early Start, which targets families with infants and toddlers with multiple risk factors and seeks to increase parental knowledge of child development and improve parenting. Hawaii and New Mexico offer family support, parent education, child health and development services, and child care to pregnant and parenting teens to promote high school graduation and positive parenting.[22]

Other recent state legislative actions aimed at supporting families with children under age 3 include:

- A Texas law directs the state to develop a voluntary, community-based early parenting skills program for expectant parents and parents with children under age 3.
- The New Hampshire legislature appropriated funds to expand the Parents as Teachers program, an early childhood parent education and family support program. The New Hampshire law acknowledged the importance of the early years for a child's brain development when allocating the funds.
- A Maine law encouraged the state to study ways to support parents as their children's first teachers and to develop a funding plan for the expansion of state child and family support services.

Family Leave Policies

Research shows the critical importance of the parent-child relationship during the earliest years. To support parents' time with their infants and to help parents with the high cost of infant care, states are considering a range of options, including paid family leave. Other state approaches include offering funds, either directly or through tax provisions for parents who choose to stay at home with their baby and exempting parents from welfare to work requirements during their child's first year.

Research shows the critical importance of the parent-child relationship during the earliest years.

In 1993, Congress passed the Family and Medical Leave Act allowing many working families to take up to 12 weeks unpaid, job protected leave to care for their new babies, sick family members or to recover from their own serious illnesses. Several states are now considering ways to provide paid family leave, through unemployment compensation, temporary disability insurance and other mechanisms. According to the National Partnership for Women, at least 26 states in 2001 have proposed paid parental family leave bills, surpassing the legislative activity around this issue in 2000. During the 2001 legislative session, Oregon legislators established a task force on paid parental leave to study the feasibility of paid parental leave using unemployment insurance or other funds.

Minnesota has established the At-Home Infant Child Care Program that allows families who have a child under age 1, and eligible for or receiving child care assistance, to receive a subsidy for up to one year to remain home and care for the infant. In 2001, the Minnesota Legislature increased this subsidy reimbursement.[23] Missouri legislators a few years ago approved using a portion of riverboat gambling revenues to reimburse parents who care for their infants and toddlers at home. Minnesota and Utah legislators have enacted tax credits for parents who stay at home with their infants.[24] At least 23 states exempt families on welfare from work requirements during their child's first year. A few of these exemptions were required by state legislation.[25]

Conclusion

With more parents of very young children working, these infants and toddlers and their families face a range of early care and development needs. By establishing high quality child care and family support services, state legislatures can help families and caregivers nurture the development of babies while they help parents manage work. State policymakers are promoting key components of a birth to age 3 system by promoting health and safety in

child care, funding programs, increasing training and compensation for child care providers, and supporting parental involvement in a young child's life. These policy efforts recognize that investing in good early services for these children can lead to school success and other positive outcomes later in life.

Resources

Better Baby Care Campaign
E-mail: info@BetterBabyCare.org
www.betterbabycare.org

Children's Defense Fund
(202) 628-8787
www.childrensdefense.org

Family Resource Coalition of America
(312) 338-0900
www.frca.org

National Black Child Development Institute
(202) 833-2220
www.nbcdi.org/

National Center for Children in Poverty
(212) 304-7100
http://cpmcnet.columbia.edu/dept/nccp

National Conference of State Legislatures
(303) 830-2200
www.ncsl.org/programs/cyf/cc.htm

National Governors Association
(202) 624-5300
www.nga.org

National Partnership for Women and Families
(202) 986-2600
www.nationalpartnership.org

National Resource Center for Health and Safety in Child Care
1-800-598-KIDS
http://nrc.uchsc.edu/

Zero to Three: National Center for Infants, Toddlers and Families
(202) 638-1144
www.zerotothree.org

Caring for Infants and Toddlers, produced by The David and Lucile Packard Foundation, is available at www.futureofchildren.org. Print versions can be ordered free of charge by e-mailing circulation@futureofchildren.org or by faxing a request to (650) 941-2273.

Notes

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ANALYSIS OF STATE ACTIONS ON IMPORTANT ISSUES

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